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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,653	08/05/2003	Randall Lashinski	MITRAL.1CP3C2	6365
30452 7	590 04/28/2006		EXAMINER	
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LEGAL DEPA			ADTIBUT	PAPER NUMBER
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IRVINE, CA	92614		3738	

DATE MAILED: 04/28/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

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P	Application No.	Applicant(s)	
	10/634,653	LASHINSKI ET AL.	
Office Action Summary	Examiner	Art Unit	
	Urmi Chattopadhyay	3738	
The MAILING DATE of this communication ap Period for Reply	opears on the cover sheet wit	th the correspondence address	
A SHORTENED STATUTORY PERIOD FOR REPLY WHICHEVER IS LONGER, FROM THE MAILING I - Extensions of time may be available under the provisions of 37 CFR 1 after SIX (6) MONTHS from the mailing date of this communication. - If NO period for reply is specified above, the maximum statutory period - Failure to reply within the set or extended period for reply will, by statu Any reply received by the Office later than three months after the maili earned patent term adjustment. See 37 CFR 1.704(b).	DATE OF THIS COMMUNIC .136(a). In no event, however, may a re d will apply and will expire SIX (6) MON tte, cause the application to become AB.	CATION. Seply be timely filed THS from the mailing date of this communication. ANDONED (35 U.S.C. § 133).	·
Status			
1) ☐ Responsive to communication(s) filed on 15 / 2a) ☐ This action is FINAL. 2b) ☐ Th 3) ☐ Since this application is in condition for allow closed in accordance with the practice under	is action is non-final. ance except for formal matte		
Disposition of Claims			
4) ☐ Claim(s) 1-11 is/are pending in the applicatio 4a) Of the above claim(s) is/are withdr 5) ☐ Claim(s) is/are allowed. 6) ☐ Claim(s) 1-11 is/are rejected. 7) ☐ Claim(s) is/are objected to. 8) ☐ Claim(s) are subject to restriction and are subject to restriction and are subject to restriction and are subjected to by the Examination of the drawing(s) filed on 05 August 2003 is/are Applicant may not request that any objection to the Replacement drawing sheet(s) including the correspondence of the drawing sheet(s) including the drawing s	awn from consideration. /or election requirement. ner. e: a)⊠ accepted or b)□ oble drawing(s) be held in abeyan	ce. See 37 CFR 1.85(a).	
11) The oath or declaration is objected to by the E			
Priority under 35 U.S.C. § 119			
12) Acknowledgment is made of a claim for foreign a) All b) Some * c) None of: 1. Certified copies of the priority document 2. Certified copies of the priority document 3. Copies of the certified copies of the priority application from the International Bure * See the attached detailed Office action for a list	nts have been received. nts have been received in A iority documents have been au (PCT Rule 17.2(a)).	pplication No received in this National Stage	
Attachment(s) 1) Notice of References Cited (PTO-892) 2) Notice of Draftsperson's Patent Drawing Review (PTO-948) 3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/0) Paper No(s)/Mail Date S Retect and Tradement Office	Paper No(s	summary (PTO-413) s)/Mail Date nformal Patent Application (PTO-152) 	

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DETAILED ACTION

Response to Amendment

1. The amendment filed February 15, 2006 has been entered. The changes to the specification have been approved. All pending claims 1-11 are being considered for further examination on the merits.

Response to Arguments

2. Applicant's arguments, see pages 5 and 6 of the amendment filed February 15, 2006, with respect to the rejection(s) of claim(s) 1-3 and 7-11 under 35 U.S.C. § 103(a) have been fully considered and are persuasive. Therefore, the rejection has been withdrawn. However, upon further consideration, a new ground(s) of rejection is made in view of Vidlund et al. (USPAP 2003/0130731), Liddicoat et al. (USPN 6,790,231) and Alferness et al. (USPAP 2003/0105520).

Claim Rejections - 35 USC § 103

- 3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:
 - (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.
- 4. Claims 1-3 and 7-11 are rejected under 35 U.S.C. 103(a) as being unpatentable over Vidlund et al. (USPAP 2003/0130731, as cited in applicant's IDS) in view of Liddicoat et al. (USPN 6,790,231, as cited in applicant's IDS) and Alferness et al. (USPAP 2003/0105520, as cited in applicant's IDS).

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Vidlund et al. discloses a system for remodeling a mitral valve annulus with all the elements of claim 1, but is silent to the implant being reversibly movable between the first and second configurations and a control on the catheter for reversibly transforming the implant between the first and second configurations. See paragraph [0125] for a delivery catheter, and paragraph [0124] for an implant (110h) that is movable between a first, flexible configuration (Figure 4h) for delivery to a site adjacent the annulus of the mitral valve, and a second configuration (Figure 4i) for remodeling the mitral valve annulus. When the wire actuation mechanism (90) is pulled proximally, the distal end of the implant (110h) retracts, the implant changes shape to the second remodeling configuration, and the implant becomes rigid due to the tension created in the wire. Because the implant (110h) is implanted into the coronary sinus using catheter-based delivery techniques, it is clearly implied that the implant is detachably carried by the delivery catheter in some way. Liddicoat et al. teaches an apparatus for reducing mitral regurgitation wherein a wire (54) is pushed and pulled to reversibly move an implant body (50) to a configuration that forces the posterior annulus anteriorly from within the coronary sinus, which improves leaflet coaptation and reduces mitral regurgitation. See Figures 3-5 and column 5, lines 37-53. It would have been obvious to one of ordinary skill in the art at the time of applicant's invention to look to the teachings of Liddicoat et al. to modify the system of Vidlund et al. by making the implant (110h) reversibly movable between the first and second configurations by pulling and pushing the wire actuation mechanism (90) in order for the implant (110h) to force the posterior annulus anteriorly from within the coronary sinus, and thereby improve leaflet coaptation and reduce mitral regurgitation. Alferness et al. teaches a system for effecting the mitral valve annulus geometry wherein an implant (30) is detachably carried by a

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delivery catheter (52) having a lumen (54) by being slidably received in the lumen (54). The implant (30) includes first anchor (32), second anchor (36) and a cable (34). The cable (34) has a coupling (38) that is coupled to the coupling (40) of a tension cable (42) disposed within the delivery catheter (52). When the tension cable (42) is pulled proximally, tension is applied to the cable (34) and the geometry of the mitral valve annulus is effected. The catheter (52) and tension cable (42) with coupling (40) are capable of being removed to complete the deployment process. See Figures 2-5 and paragraphs [0034], [0038], [0040] and [0041]. It would have been obvious to one of ordinary skill in the art at the time of applicant's invention to look to the teachings of Alferness et al. to modify the system of Vidlund et al. such that the implant is deployed into the coronary sinus using a similar technique. By including a coupling to the actuation mechanism (90), a control on the catheter in the form of a tension cable with coupling can be used to reversibly transform the implant between the first flexible configuration and the second remodeling configuration by creating or releasing tension in the actuation mechanism (90) by pulling or pushing. After the desire configuration of the implant (110h) is achieved, the delivery catheter (52) and control can be removed.

Claim 2, see Figure 4i for the implant comprising an arc when in the remodeling configuration.

With respect to claim 3, Vidlund et al. does not expressly disclose that a best-fit constant radius curve corresponding to the arc has a radius within the range of from about 10mm to 20mm. However, according to Figure 4i and paragraph [0125] the arc of the implant (110h) of Vidlund et al. in the second remodeling configuration will have a radius sized to remodel the mitral valve annulus. Because the arc of the implant of applicant has a radius between 10-20mm

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in order to remodel the mitral valve annulus, it is obvious that the arc radius of Vidlund et al. will also fall within the required range of claim 3.

Claims 7 and 8, see paragraph [0124] for the system further including an anchor provided on the distal end (distal extension) of the implant.

With respect to claims 9-11, Vidlund et al. does not expressly disclose the embodiment shown in Figures 4h-4i as including an anchor in the form of a barb for piercing the wall of the vessel. Vidlund et al. does, however, disclose a body (110c) including barbs (111) in the embodiment shown in Figure 4c in order to engage with the vessel wall for maintaining the position of the body (110c) within the vessel. See Figure 4c and paragraph [0119]. It would have been obvious to one of ordinary skill in the art at the time of applicant's invention to make the distal anchor assembly of the embodiment shown in Figures 4h-4i in the form of a barb (claim 10) as well as include barbs along the length of the implant (110h) in order to engage and pierce the vessel wall to maintain the position of the body (110h) within the coronary sinus. Barbs by nature provide as a friction enhancing surface structure (claim 9). When applied to the implant (110h), the barbs will be moveable with the implant (110h) between an axial orientation (Figure 4h) and an inclined orientation achieved when the implant is in the second remodeling configuration (Figure 4i).

Claims 4 and 5 are rejected under 35 U.S.C. 103(a) as being unpatentable over Vidlund et 5. al., Liddicoat et al. and Alferness et al. as applied to claim 2 above, and further in view of Adams et al. (USPAP 2003/0083538, as cited in applicant's IDS).

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Vidlund et al., as modified by Liddicoat et al. and Alferness et al., discloses a system for remodeling a mitral valve annulus with all the elements of claim 2, but is silent to the implant comprising a compound curve when in the remodeling configuration, as required by claim 4. See paragraph [0124] for the elongated body (110h) having a final shape with an increased radius of curvature in some regions and a decreased radius of curvature in other regions. Adams et al. teaches a device (50) having a "w" configuration implanted into the coronary sinus, wherein a force is applied to a discrete portion (23) of the atrial wall (21) of the coronary sinus (14) in order to reshape the mitral valve annulus for treating dilated cardiomyopathy. See Figure 3 and paragraph [0051]. It would have been obvious to one of ordinary skill in the art at the time of applicant's invention to look to the teachings of Adams et al. to modify the device of Vidlund et al. such that the final shape of the implant (110h) has a compound curve, and specifically comprises a "w" configuration (claim 5). This shape will apply a force to a discrete portion of the atrial wall of the coronary sinus to reshape the mitral valve annulus in treating dilated cardiomyopathy.

6. Claim 6 is rejected under 35 U.S.C. 103(a) as being unpatentable over Vidlund et al., Liddicoat et al. and Alferness et al. as applied to claim 1 above, and further in view of Solem et al. (USPN 6,210,432, as cited in applicant's IDS).

Vidlund et al., as modified by Liddicoat et al. and Alferness et al., discloses a system for remodeling a mitral valve annulus with all the elements of claim 1, but is silent to the device further comprising a coating on the implant, as required by claim 6. Solem et al. teaches a device for the treatment of mitral insufficiency, wherein the device is coated with heparin in

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order to avoid thrombosis in the coronary sinus, thus reducing the need for aspirin, ticlopedine or anticoagulant therapy. See column 5, lines 14-17. It would have been obvious to one of ordinary skill in the art at the time of applicant's invention to look to the teachings of Solem et al. to modify the implant of Vidlund et al. by including a coating of heparin on the implant (110h) in order to avoid thrombosis in the coronary sinus, thus reducing the need for aspirin, ticlopedine or anticoagulant therapy.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Urmi Chattopadhyay whose telephone number is (571) 272-4748. The examiner can normally be reached Monday through Thursday and every other Friday from 9:00am to 6:30pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Corrine McDermott can be reached at (571) 272-4754. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Urmi Chattopadhyay

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